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2010g/10 Rev. g/95	rtment of Commerce Trademark Office	Attorney Docket Num	ber 960296	.97745							
( PBB 1 1 20072 &		First Named Inventor	John A.	T. Young							
DECLARATION	ON FOR		COMPLETE IF KN	OWN							
UTILITY OR	DESIGN	Application Number									
PATENT APPL	LICATION	Filing Date									
Declaration OR _	Declaration	Group Art Unit									
Submitted with Initial Filing	Submitted after Initial Filing	Examiner Name									
As a below named inventor, I My residence, post office addr	ress and citizenship are a first and sole inventor (it	f only one name is listed b	elow) or an original,	first and joint inventor (if plural							
flames are listed below) of the	names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  RECEPTOR FOR B. ANTHRACIS TOXIN										
the specification of which		(Title of the Invention)									
is attached hereto											
OR was filed on (MM/DD/YYYY)		as	United States Application	Number or PCT International							
Application Number	and was	amended on (MM/DD/YYYY)		(if applicable).							
I hereby state that I have reviewed an referred to above. I acknowledge the duty to disclose inf		•									
I hereby claim foreign priority ber inventor's certificate or §365(a) America, listed below and have a PCT international application havi	of any PCT international a also identified below, by ch	pplication which designated recking the box, any foreign	at least one country application for paten	other than the United States of							
Prior Foreign Application Number(s)	Country	Foreign Filing D (MM/DD/YYY		Certified Copy Attached? YES NO							
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Additional foreign application	ns numbers are listed on a	supplemental priority sheet	attached hereto:								
I hereby claim the benefit unde	er Title 35, United States	Code §119(e) of any United	l States provisional ap	oplication(s) listed below.							
Application Number(s)	Filing Da	te (MM/DD/YYYY)		provisional application are listed on a supplemental							
60/251,481	12/05/2000			eet attached hereto.							

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231. QBMAD\315131





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	DECLARAT	rion				ADDITIONAL INVENTOR(S) Supplemental Sheet					
Name of Add	litional Joint Inventor, if	any:					A pet	ition has been filed fo	or this u	insigned in	ventor
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Given R	obert	Mj Ini	ddle tial	J.	Famil Name	y	Collie	r	,	Suffix	
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Inventor's									Date		
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	DECLARATION							ADDITIONAL INVENTOR(S) Supplemental Sheet						
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Additional inventors are being named on supplemental sheet(s) attached hereto

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